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Approved for use through 10/31/2002. OMB 0651-0-000  
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|                                                                                                                                     |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No. <b>M4065.0448/P448</b>     |
|                                                                                                                                     | First Inventor <b>Leonard Forbes</b>           |
|                                                                                                                                     | Title <b>PORTABLE MEMORY MODULE, AND, etc.</b> |
|                                                                                                                                     | Express Mail Label No. _____                   |


|                                                                                                     |                                                                                               |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b> Box Patent Application<br>Commissioner for Patents<br>Washington, DC 20231 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i>                                                                                                                                                                                                                                                                                                                                                                            | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)                   |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i> |
| 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>22</b>]</span><br><i>(preferred arrangement set forth below)</i>                                                                                                                                                                                                                                                                                                                                                           | a. <input type="checkbox"/> Computer Readable Form (CRF)                                                              |
| <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claims</li> <li>- Abstract of the Disclosure</li> </ul> | b. Specification Sequence Listing on                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | c. <input type="checkbox"/> Statements verifying identity of above copies                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>5</b>]</span>                                                                                                                                                                                                                                                                                  |
| 5. Oath or Declaration <span style="float: right;">[Total Pages <b>2</b>]</span>                                                                                                                                                                                                                                                                                                                              |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><i>Signed statement attached deleting inventor(s) named on the prior application, see 37 CFR 1.63(c)(2) and 1.33(b)</i> |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                           |

|                                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>ACCOMPANYING APPLICATIONS PARTS</b>                                                                                                                                    |  |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))                                                                                      |  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span><br><i>(when there is an assignee)</i> |  |
| 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>                                                                                          |  |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span>          |  |
| 13. <input type="checkbox"/> Preliminary Amendment                                                                                                                        |  |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>                                                    |  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>                                                            |  |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent.                          |  |
| 17. <input type="checkbox"/> Other: _____                                                                                                                                 |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____<br>Prior application information: Examiner _____ Group / Art Unit: _____<br><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                                                                                             |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>19. CORRESPONDENCE ADDRESS</b><br><input checked="" type="checkbox"/> Customer Number or Bar Code Label  24998 <span style="float: right;"><input type="checkbox"/> Correspondence address below</span> |                            |
| Name _____                                                                                                                                                                                                                                                                                  |                            |
| Address _____                                                                                                                                                                                                                                                                               |                            |
| City _____                                                                                                                                                                                                                                                                                  | State _____ Zip Code _____ |
| Country _____                                                                                                                                                                                                                                                                               | Telephone _____ Fax _____  |

|                                                                                               |                                                 |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------|
| Name (Print/Type) <b>Thomas J. D'Amico</b>                                                    | Registration No. (Attorney/Agent) <b>28,371</b> |
| Signature  | Date <b>August 16, 2001</b>                     |

08/16/01

11003 U.S. PRO

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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for FY 2001**

Patent fees are subject to annual revision.

**Complete if Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | Not Yet Assigned |
| Filing Date          | August 16, 2001  |
| First Named Inventor | Leonard Forbes   |
| Examiner Name        | Not Yet Assigned |
| Group Art Unit       |                  |
| Attorney Docket No.  | M4065.0448/P448  |

**TOTAL AMOUNT OF PAYMENT** (\$) 1,584.00**METHOD OF PAYMENT**1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

|                        |         |
|------------------------|---------|
| Deposit Account Number | 04-1073 |
| Deposit Account Name   |         |

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☒ Payment Enclosed
☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ Other
**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity             | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description        | Fee Paid |
|--------------------------|--------------|----------|----------|----------|----------|------------------------|----------|
| 101                      | 710          | 201      | 355      |          |          | Utility filing fee     | 710.00   |
| 106                      | 320          | 208      | 160      |          |          | Design filing fee      |          |
| 107                      | 490          | 207      | 245      |          |          | Plant filing fee       |          |
| 108                      | 710          | 208      | 355      |          |          | Reissue filing fee     |          |
| 114                      | 150          | 214      | 75       |          |          | Provisional filing fee |          |
| <b>SUBTOTAL (1)</b> (\$) |              |          |          |          |          |                        | 710.00   |

**2. EXTRA CLAIM FEES**

| Total Claims       | Extra Claims | Fee from below | Fee Paid    |
|--------------------|--------------|----------------|-------------|
| 63                 | -20** =      | 33 X 18.00 =   | 594.00      |
| Independent Claims | 6            | -3** =         | 3 X 80.00 = |
| Multiple Dependent |              |                |             |

**Large Entity**

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description                                            |
|----------|----------|----------|----------|------------------------------------------------------------|
| 103      | 18       | 203      | 9        | Claims in excess of 20                                     |
| 102      | 80       | 202      | 40       | Independent claims in excess of 3                          |
| 104      | 270      | 204      | 135      | Multiple dependent claims, if not paid                     |
| 109      | 80       | 209      | 40       | ** Reissue independent claims over original patent         |
| 110      | 18       | 210      | 9        | ** Reissue claims in excess of 20 and over original patent |

**SUBTOTAL (2)** (\$)

834.00

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Entity        | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description                                                            | Fee Paid |
|---------------------|--------------|----------|----------|----------|----------|----------------------------------------------------------------------------|----------|
| 105                 | 130          | 205      | 66       |          |          | Surcharge - late filing fee or oath                                        |          |
| 127                 | 50           | 227      | 25       |          |          | Surcharge - late provisional filing fee or cover sheet                     |          |
| 139                 | 130          | 139      | 130      |          |          | Non-English specification                                                  |          |
| 147                 | 2,520        | 147      | 2,520    |          |          | For filing a request for ex parte reexamination                            |          |
| 112                 | 920*         | 112      | 920*     |          |          | Requesting publication of SIR prior to Examiner action                     |          |
| 113                 | 1,840*       | 113      | 1,840*   |          |          | Requesting publication of SIR after Examiner action                        |          |
| 115                 | 110          | 215      | 55       |          |          | Extension for reply within first month                                     |          |
| 116                 | 390          | 216      | 195      |          |          | Extension for reply within second month                                    |          |
| 117                 | 890          | 217      | 445      |          |          | Extension for reply within third month                                     |          |
| 118                 | 1,390        | 218      | 695      |          |          | Extension for reply within fourth month                                    |          |
| 128                 | 1,850        | 228      | 945      |          |          | Extension for reply within fifth month                                     |          |
| 119                 | 310          | 219      | 155      |          |          | Notice of Appeal                                                           |          |
| 120                 | 310          | 220      | 155      |          |          | Filing a brief in support of an appeal                                     |          |
| 121                 | 270          | 221      | 135      |          |          | Request for oral hearing                                                   |          |
| 138                 | 1,510        | 138      | 1,510    |          |          | Petition to institute a public use proceeding                              |          |
| 140                 | 110          | 240      | 55       |          |          | Petition to revive - unavoidable                                           |          |
| 141                 | 1,240        | 241      | 620      |          |          | Petition to revive - unintentional                                         |          |
| 142                 | 1,240        | 242      | 620      |          |          | Utility issue fee (or reissue)                                             |          |
| 143                 | 440          | 243      | 220      |          |          | Design issue fee                                                           |          |
| 144                 | 600          | 244      | 300      |          |          | Plant issue fee                                                            |          |
| 122                 | 130          | 122      | 130      |          |          | Petitions to the Commissioner                                              |          |
| 123                 | 50           | 123      | 50       |          |          | Processing fee under 37 CFR 1.17(q)                                        |          |
| 126                 | 180          | 126      | 180      |          |          | Submission of Information Disclosure Stmt                                  |          |
| 581                 | 40           | 581      | 40       |          |          | Recording each patent assignment per property (times number of properties) | 40.00    |
| 146                 | 710          | 246      | 355      |          |          | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 149                 | 710          | 249      | 355      |          |          | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 179                 | 710          | 279      | 355      |          |          | Request for Continued Examination (RCE)                                    |          |
| 169                 | 900          | 169      | 900      |          |          | Request for expedited examination of a design application                  |          |
| Other fee (specify) |              |          |          |          |          |                                                                            |          |

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)

40.00

**SUBMITTED BY**

Name (printtype) Thomas J. D'Amico

Registration No.  
(Attorney/Agent)

28,371

**Complete (if applicable)**

Telephone (202) 828-2232

Signature

Date

August 16, 2001